



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

0300044131571

BURROUGHS CORPORATION - OSD  
76 PARK AVENUE  
PARK RIDGE

NJ

07656

INSTALLATION ADDRESS

296 PATERSON PLANK ROAD  
CARLSTADT

NJ

07072



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

I.	NAME OF INSTALLATION	BURROUGHS CORPORATION 76 PARK AVENUE PARK RIDGE, NJ 07656
II.	INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III.	LOCATION OF INSTALLATION	296 PATERSON PLANK ROAD CARLSTADT, NJ 07072

THIS SPACE

**FOR OFFICIAL USE ONLY**

COMMENTS														
C														
C														
15	16													
INSTALLATION'S EPA I.D. NUMBER								APPROVED		DATE RECEIVED (yr., mo., & day)				
S								T/A	C					
F	N	J	D	0	4	4	1	3	1	5	7	1	2	1
1	2							13	14	15	16	17	18	19

## I. NAME OF INSTALLATION

[illegible]

## II. INSTALLATION MAILING ADDRESS

[illegible]

### III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																									
C 5	J9	2	9	6	P	A	T	E	R	S	O	N	P	L	A	N	K	R	O	A	D	45					
		CITY OR TOWN																		ST.	ZIP CODE						
C 6	15	C	A	R	L	S	T	A	D	T											N	J	0	7	0	7	2

#### IV. INSTALLATION CONTACT

[illegible]

## V. OWNERSHIP

8		A. NAME OF INSTALLATION'S LEGAL OWNER																			
15 16		B U R R O U G H S C O R P O R A T I O N																			
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))																			
F = FEDERAL M = NON-FEDERAL		<input checked="" type="checkbox"/> 57 A. GENERATION										<input type="checkbox"/> 58 B. TRANSPORTATION (complete item VII)									
M		<input type="checkbox"/> 59 C. TREAT/STORE/DISPOSE										<input type="checkbox"/> 60 D. UNDERGROUND INJECTION									

**VII. MODE OF TRANSPORTATION** (transporters only – enter “X” in the appropriate box(es))

☐ 61 A. AIR      ☐ 62 B. RAIL      ☒ 63 C. HIGHWAY      ☐ 64 D. WATER      ☐ 65 E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="checked" type="checkbox"/> <b>A. FIRST NOTIFICATION</b>	<input type="checkbox"/> <b>B. SUBSEQUENT NOTIFICATION</b> <i>(complete item C)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: center;">C. INSTALLATION'S EPA I.D. NO.</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	C. INSTALLATION'S EPA I.D. NO.									
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## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY

S	W	U	J	D	0	4	4	/	3	1	5	7	/	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 0 8	U 1 1 3	U 1 5 9	U 1 6 2	U 2 2 0	
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

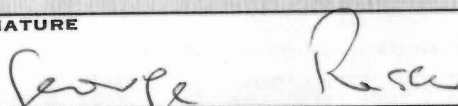
☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

GEORGE RASKO, PROJECT ENGINEER

DATE SIGNED

11/20/80

